

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09781712
APPLICANT(S)

FILING DATE

02-12-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
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47		/				
48	/					
49		/				
50	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53	/					
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	17					
TOTAL DEP.	49					
TOTAL CLAIMS	66					